

DATE OF LOSS: \_\_\_\_\_

**CLAIM FOR DAMAGE OR INJURY**

**NOTICE TO CLAIMANT:**

If you wish your claim to be fully considered, please supply the following information. All material facts must be stated. Your claim will be investigated; however, no promise is made that full or partial payment will be made. Please read and follow the Instructions on Page 3 carefully.

**Please Print or Type**

1. Name of Claimant: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_
4. Date and Time of loss or injury: \_\_\_\_\_
5. Place of accident or incident (give street, location to nearest landmark -- i.e., house number, telephone pole number, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. State below, in detail, all known facts and circumstances related to the accident or incident, identifying persons or property involved, and the cause thereof (use additional sheet if necessary).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Type of claim: (Please Check)  
A. Property Damage \_\_\_\_\_  
B. Personal Injuries \_\_\_\_\_
8. Amount of claim:  
A. Property Damage \$ \_\_\_\_\_  
B. Personal Injuries \$ \_\_\_\_\_

**PROPERTY DAMAGE**

9. Briefly describe kind and location of property and nature and extent of damages (use additional sheet if necessary):

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10. Name of owner, if other than claimant: \_\_\_\_\_

11. Address of owner, if other than claimant: \_\_\_\_\_

**PERSONAL INJURIES**

12. State the nature and extent of injuries which form the basis of this claim (use additional sheet if necessary):

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**WITNESSES TO ACCIDENT/INCIDENT**

13. Please list the names and addresses of all witnesses:

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_

14. I declare under the penalties of perjury that the amount of this claim covers only damages and injuries caused by the accident or incident above described and that all of the foregoing statements are true and correct.

\_\_\_\_\_  
SIGNATURE OF CLAIMANT

\_\_\_\_\_  
DATE OF SIGNATURE

Please return to:

Law Department  
City of Gloucester  
City Hall, Dale Avenue  
Gloucester, MA 01930

## **INSTRUCTIONS**

Claims for damages to or for the loss or destruction of property, or for personal injury, must be signed by the owner of the property lost or the injured person. If, by reason of death, or other disability the foregoing requirement cannot be fulfilled, the claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the City is submitted with such claim establishing his or her authority to act.

The dollar amount of the claim should be substantiated by competent evidence as follows:

- A. In support of claims for damages to property which has been repaired, the claimant must submit an itemized signed receipt evidencing payment. No payment will be made on estimated bills.
- B. In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant must submit statements as to the original cost of the property, the date of purchase, and the value of the property both before and after the accident or incident. Such statements must be by disinterested, competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two (2) or more competitive bidders, and must be certified as being just and correct.
- C. In support of a claim for personal injury or death, the claimant must submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.